MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9732

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Reg. I	Dist.	No.					

,	1. PLACE OF DEATH o. COUNTY Worcester	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution: b. COUNTY	: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City L Wee		c. CITY OR TOWN (If outs Washington	side corporate limits, write RUR	tAL and give nearest town) 47 x 3
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Belden Restorium		d. STREET ADDRESS 140 Consti	tution Ave.	e. IS RESIDENCE ON A FARM? YES NO
	(Type or print) MINNIE -	Middle	BAILEY	OF DEATH August	Day Year 30, 1959
		VORCED [69 lost birthdoy) 7	FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	13. FATHER'S NAME		ept. New 14. MOTHER'S MAIDEN NA	York	USA .
)	William H. Bailey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) NO 577-34-6	TY NO. 17. 1	Eileen Al NFORMANT Mrs Eileen		'Princess Anne, Marvland
0	UF EITHER, NOTIFY MEDICAL EXAMINER)	neng nela to death but	Dedeura Lina Hear NOT RELATED TO THE TERMINA D. (Enter nature of injury in Por		JERUS HIN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR While Not while of work 19 of work 10 twork 19 of work 21. I certify that attended the deceased from alive on 19.59, ond	thot death	occurred at 430 Q	4930, 1959,	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF	F CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, or a	8/31/59* county) (State)
,	22 FUNERAL DIRECTOR'S SIGNATURE ADDRESS				es County, Md. CAR'S SIGNATURE The B. Knows

TO FUNERAL DIRECTO. Let this certificate has been signed by the attending physician and campletely filled in by the function, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 bours after death. G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat TO HOSPITAL OR ATTEN

MARYLAND STATE DEPRIMENT OF HEASTH AS LEMONS, 18	
CERTIFICATE OF DEATH	9732
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PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs often

TO HOSPITAL OR

VS A15 (4) 15M 9/58

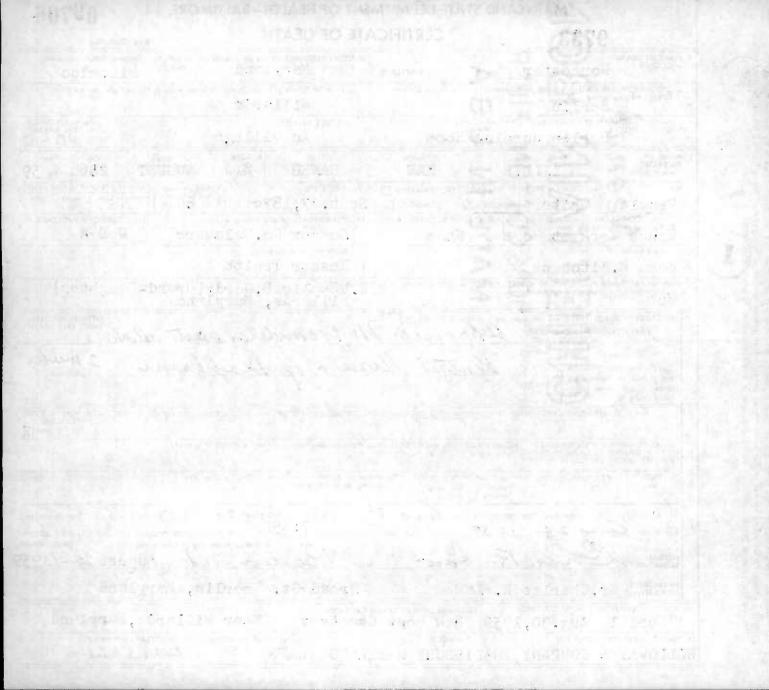
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09706

9733 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY	Vorcester	MARYLAND		Maryland		CHAIL VIIALLE	nce befare odn	V
	RURAL and give ne	f autside carporate limits, write garest town) Berlin	c. LENGTH OF STAY IN 16		rown (If outside corp Willards	orate limits,	write RURAL and	give nearest to	own)
	OR INSTITUTION	AL (If not in hospital, give street		d. STREET A					RESIDENCE
5		Berlin Nursin	ig Home		In Villag	ge			□ NO 🔼
	3. NAME OF DECEASED (Type or print)	LILLIE	MAE	BAK		H Al	Month UGUST	28th	Year 19 59
	5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRT		9. AGE (In last birt	years IF UNDE	Days Hau	_
	10a. USUAL OCCUPATIO	DN (Give kind of work dane 10b. sing life, even if retired) ORK at Home		USTRY 11. BIRTHPI		country)	12.CI	IZEN OF WHA	T COUNTRY?
1	13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME				
1	John E.H	Hitchens		Hest	er Truit	t			
		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	PERMANTSA Will	lie B.Go: ards, Mai	rdy(G	r áfið- Da	ughter	r)
	Conditions, if a gave rise to it cause (a), stating lying cause last. PART II. OTH	mmediale DUE TO (c) IER SIGNIFICANT CONDITIONS		T NOT RELATED TO		SE CONDITION	ON GIVEN IN PA	RT 1(a) 19. WA	
ì	OR CONTRIBUTING	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature o	f injury in Part I ar Pe	art II af item	18.)		
	20c. TIME OF INJUR Haur a. m. p. m.	While		LACE OF INJURY (actory, street, affic		ty ar tawn)		(Caunty)	(State)
	alive an C	Charles R.	Jaw	M.D. /3	1.42 W, fran	Street, city a	r tawn, state) Augu	e date stat D 1St 19.	ed abave. ATE SIGNED
	22a. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF Aug. 30, 1959	New Hope		y Nea	ation (city, r Wil	tawn, or county)	Maryla	nd nd
	23. FUNERAL DIRECTOR' HOLLOWAY		ADDRESS ALISBURY MAR	YLAND	24g. REC'D BY REGI		a. REGISTRAR'S S	4 .	



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the State Board of Health,

be retained far y

Page 5 may b

he word "pending" in pendi in Item, 18. Give Pages 1, bief Medical Examiner's Office along with farm PM3. P shauld be used as a burial-transit permit. File pages 1

to burial, cremotion,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09707

9734 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY () PROPERTY CONTINUENTS	2. USUAL RESIDENCE (When deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN HE oduse corporate limits, write RUPAL c. LENGTH OF STAY IN 1b.	c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First Middle	Last 4. DATE Month Day Year OF DEATH C 7 19 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years IFUNDER 1YEAR IF UNDER 24/155.) 19. AGE (in years IFUNDER 1YEAR IF UNDER 1YEAR
100. USUAL OCCUPATION (Sive kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if relired)	TRY IT BURTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FAMER'S NAME Smith	14. MOTHER'S MAIDEN NAME BUILDING
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, 4) Uniform [If yes, give wor or dotes of rervice]	Make Baddron Fronkland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (4)	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which)	acute memoria forme
gove rise to immediate couse (c), staling the underlying cause lost.	of ection
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY OF CONTRIBUTING CAUSE OF DEADY AND CONTRIBUTIONS CON	Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED 20e. PLA While Not while foci work 19 et work at work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.) 20f. (City or town) / (County) (State)
21. I certify that I taok charge of the remains described about	
apinion death resulted from: Natural causes [4], Accident	, Suicide, Undetermined manner

execute the certification of the state of the certification of the state of the state of the certification of the state of the certification of the certific

REMOVAL (SpecHy) 8/29/
23. FUNERAL DIRECTOR'S SIGNATURE

EXAMINER'S NAME (Type)

Valson + Gray Franks

22c. NAME OF CEMETERY OR CREMATORY

22d. LOC Est

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Afact Celauser

2 159 Chilmy & Knows

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VS A15 (4) 15M 9/S5

9735 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

09708

	Keg. Dist. No.
1. PLACE OF DEATH O. COUNTY ORCESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE O COUNTY COUNTY COUNTY COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS N. MAIN ST. 1. IS RESIDENCE ON A FARM? YES IN O
3. NAME OF DECEASED (Type or print) CARRIE MATILO	ABURBAGE DEATH AUG. 30 1959
WIDOWED DIVORCED	B. DATE OF BIRTH AUG. 7, 1884 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) RETIRED TEACHER PUBLIC SCHOOL	BELLIN MO U.S.A.
JAMES S. BURBAGE	MARY AMELIA BURDAGE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or unknown) (If yes, give war or dates of service)	M. JOHN W. BURBAGE BERLIN MO
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tie Resort desease Interval Between ONSET and DEATH
Canditions, if ony, which gove rise to immediate couse (o), stating the underly lying cause lost. DUE TO (b) (b) (c)	
200. ACCIDINT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTION CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 2 (Enter noture of injuly in Port 1 or Port 1 of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 19 While at work 19 at work 20d. INJURY OCCURRED 19 Oct	CE OF INJURY (Home, form, lory, street; affice bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased from 1945 alive on 6 2911959. 19 , and that death	accurred at 57 M, from the causes and on the date stated above.
SIGNATURE Frank P Leuce M. D.	ADDRÉSS (Stroet, city or town, stote) A.D. Mellaska Maryland
PHYSICIAN'S NAME (Type)	M
	-HAM BERYN MD.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bellin	Md. DATE D 3'59 O-Thur & Kinga

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9736

CERTIFICATE OF DEATH

09709

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE b. COUNTY,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give marest town)	c. CITY OR TOWN (# outside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) NANCY ELLEN	CAREY 4. DATE Month Day Year DEATH AUG 15 1959
5. SEX 7 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH NAR, 26, 1871 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min. Min
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10 USEWITE OVER BUSINESS OR INDUSTINESS OF INDU	20 2/1
13. FATHER'S NAME	MARY HAPDER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	IR. PRESTON CHREV BERLIN NI
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myroardity, acute retrosp
705.5 DUE TO Plus Rey	earitis 2 maks
gove rise to immediate couse (a), stoting the under-lying cause last. DUE TO DUE TO	itis explio
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 40 Hour a.m. While Not while at work at work 19 at work 19	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from and 12 olive on 200 14 1959 and that death	occurred at 2 A M, from the causes and on the date stated above
ACTUAL Chas R Law	M.D. Berlin Med. 8-17-59
PHYSICIAN'S NAME (Type)	
220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEMETERY OF COMMOVAL (Specify) 8/18/59 EVERCE	RECENTION (City, tawn, ar county) (Stote) RECENT BERLIN MD
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENS may be retained by VS A15 (4) 15M 9/55

ed for use as the burial-transit permit. pital or attending physician.

the registrar priar to burial, crematian, ar removal,

page 3 should be detach

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		and Market A. Tribunant.		
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VS. A15ME(5) SM 9/55

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MIA	KILAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	10
9737	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	U
	ltem 1 FilmG246 8-12-59 et	Reg, Dist. No.

1, PLACE OF DEATH g. COUNTY 7 1 1 0 0 - (0	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
1104CESTER MARYLAN	o o. STATE Marylant. COUNTY WORG.
b. CITY OR TOWN (It outside corporate limits, write BURAL ond give nearest lown)	c. CITY OR TOWN (If outside Corporate Jimits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) SERNAR PRINTS	d Cline 4. DATE Annih Day Year OF DEATH AUG 3 1959
5. SEMPLE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In year) IFUNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIPTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME E, CLINE	Betty Jean Willi
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17.	, INFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	U. FIS INTERVAL BETWEEN ONSELAND DEATH ONSELAND DEATH ON SELAND DEATH
Conditions, if any, which gove rise to immediate cause (a) that the underlying DUE TO	HNAL Obstruction 7/2 hour
couse lost. (c) DIAPIN	THOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TOTAL	YES NO
	(Enter noture of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I took charge of the remains described at	bove, held an Autopsy Inspection Inquiry I, and find that
death resulted from: Natural causes Accident [], S	uicide, Homicide, Undetermined cause
ACTUAL SIGNATURE	
EXAMINER'S PRIFICISS, OWNS	Nd DENG MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (SEMOVAL (SPICITY) S 57 59 EXER	PREEN Berlin (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS BUILTING	DATEAUG 7 '59 Onthur S. King

Diff.	9737 MEDICAL EXAMINER'S CLETHICATE OF DEATH
CACHE CAMAS	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09711

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-	Dist	No		

-						keg, DIST, 140.
1.	PLACE OF DEATH	+	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived. If institution:	Residence before admission)
L	Word	ester		mar	yeard u	presta
	b. CITY OR TOWN (If outside RURAL and give preparest to		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	viside corporate limits, write RUR.	AL and give nearest town)
L	Sund	letall		X	ralltall	
	d. NAME OF HOSPITAL (IF no OR INSTITUTION	of in hospital, give street of	oddress)	d. STREET ADDRESS	30432	e. IS RESIDENCE ON A FARM? YES NO S
13	NAME OF	First	Middle	Last	4. DATE Month	
L	DECEASED (Type or print)	HATTIE	EN	His	OF DEATH Quous	T /2, 195
5.	SEX 6. CO	LOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HR
1	Temale C	WIDOWE	D DIVORCED	Mus. 3.	190/ 58 yrs.	Months Doys Hours Min.
10	o. USUAL OCCUPATION (Give during ment of working life,	e kind of work done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
	None		Louseway	K mary	land	USAI
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
L	Just	ph mil	lls	laur	- Bickett	
	. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO. 17.	INFORMANT Ju	en dolyn Address	motor
	no	- 2	14-16-768	4	sidle thee	ma.
	18. CAUSE OF DEATH [Er	nter only one couse per lin	ye for (o), (b), and (c).]	0	1	INTERVAL BETWEEN
	PART I. DEATH WAS	S CAUSED BY: DIATE CAUSE (a)	eselval	Piccie	dent	ONSET AND DEATH
	260X	DUE TO				Jan.
	Conditions, if ony, whi	ich) a. L	Nialret	30		540
	gove rise to immedia	ote (DUE TO	- COOCA	<u> </u>		1 /
	lying couse lost.	jer-				
z		VIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT PELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN	LINI PART I(a) 10 WAS ALITOPS
CERTIFICATION	TART III OTTICK STOR	WHEATT CONDITIONS	ONTRIBUTING TO BEATH SO	THO RELATED TO THE TERM	TAL DISEASE CONDITION GIVEN	PERFORMED? YES NO
E	20g. ACCIDENT WAS UNDI	ERLYING 1 20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of item 18.)	
		AL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Mon	,//		LACE OF INJURY (Home, form		(County) (State
AEDI	Hour o. m.	While of work		octory, street, office bldg., etc.		
1			1000	10 . //	0 10	
	21. I certify that I a	riended the decease	7	1 1 1	19 S 7,1	
	alive an	7-11, 12	and that deat		M, fram the causes and	
	ACTUAL /	2.0		The same of the sa	ADDRESS (Street, city or town, sto	ote) DATE SIGN
	ACTUAL	in !	74	M.D		
	PHYSICIAN'S	. ~	1			
	NAME (Type)	mon	HILL			
22		DATE THEREOF	22c. NAME OF CEMETERY	OR-CREMATORY	22d. LOCATION (City, town, or o	county) (State)
-	REMOVAL (Specify) 8	-15-59	Coolsto	ring.	GirdleZ	El mol
23	FUNERAL DIRECTOR'S SIGN	ATURE, ()	ADDRESS	24a. REC'	D BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE
	9 NAGO	11/hailon	- 2000 CK	well STRATE F	AUG 2 0 '59 Can	thur S. Hans

D FUNERAL DIRECTO For this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after-death. MING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTEN may be retained by VS A1S (4) 1SM 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFIC	AIL	UF	UEA	ш

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CERTITION	CAIL OF BLAIN	Reg. Djst.	No.
o. COUNTY POLICIALEN MARYLAN	11,101	b. COUNTY Man	ester
b. CITY OR TOWN (If outsite corporate limits, write RUKAL and give medical town) 72 43	X Snow	rporote limits, write RURAL and giv	, ,
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	martines	e. IS PSIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Jones 4. DAT	TH Clugust	Day Year 195
Male Color of RACE of MARRIED NEVER MARRIED DIVORCED	05.2-1886	72/10/tis Months D	PEAR IF UNDER 24 HRS. Pays Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b/KIND OF BUSINESS OR IN during most of working life, even if retired)	NOUSTRY 11. BIRTHPLACE (Stote or foreig	m country) 12. CITIZ	EN OF WHAT COUNTRY
Janiel J. Jones	14. MOTHER'S MAIDEN NAME	Barbine	
IS. WAS DECEASED EVER IN U. S. ARMED EDICES? 16. SOCIAL SECURITY NO. 17 (Yes. no. or MERIODY) 11 yes, give wor or dold of service) 16 09-68	Mr. Salla Jo	nes Snow A	illimy
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), one (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	acciden.	+	INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	es Mollet	1.0	542
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING COLUMN COLUMN CONTRIBUTING COLUMN COLUMN COLUMN CONTRIBUTING TO COLUMN COLU	BUT NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Port I or	Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 Ot work Ot work 20d. INJURY OCCURRED 20e. While of work 19 of work 19	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	City or town) (Co	unty) (Stole)
21. I certify that I attended the deceased from Augarian alive on the signature and	ath occurred at // P.M. And ADDRESS		
PHYSICIAN'S NAME (Type)		·	<i></i>
220. BURNAL, CREMATION, 226. DATE THERPOF 220, NAME O CEMETER REMOVAL (Specific LUG, 9/3 9 COMUS	Memily In	CATION (City, town, or county)	mg (Stote)
White Director's SIGNAPURE Such Such Sells	DATEAUG 1 0	oistrar 246. REGISTRAR'S SIGN 159 Orthur S. A	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Items 1,2,1 9740 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY filed a. COUNTY URCESTER MARYLAND b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) pinous ERLIN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 20 Grace Stree YES NO K Grace Street NAME OF First Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) DRETTA 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last buthday) S. SEX B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Days Min. WIDOWED DE DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) DUSFYMIFE offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician BERT 12ABETH REL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL PIECESE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) DICAL 20c. TIME OF INJURY Month, 20e. FLACE OF INJURY (Hame, farm, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (State) Haur a. m factory, street, office bldg., etc.) While Not while of work at work Maast 13 21. I certify that I attended the deceased fram. (4) 192 Z, that I last saw the deceased death accurred at 2:00 ft M, from the causes and an the date stated above. detach ADDRESS (Street, city or lown, state) FUNERAL DIRECTO ACTUAL prior PHYSICIAN

O HOSPITAL 0 VS A15 (4) 1SM 9/SS

certificate

death

thol

poge

NAME (Type) 22a. BURIAL, CREMATION,

EMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREO

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, tawn, ar caunty)

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

(State)

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			SE TO SERVE AND	
		Decomple Date		
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MAKYLAND STATE DEPARTMENT OF

9741

CERTIFICATE OF DEATH

09714

i.	CERTI	FICATE OF BEATH	Reg. Dist. No.	
1	110120031012	2. USUAL RESIDENCE (Where dece	ased lived. If institution: Residence before admission) b. COUNTY DRCESTE	=0
	b. CITY OR TOWN (If outside corporate limits, write RURAL and Dive negrest town)	IN 16 c. CITY OR JOWN (If outside co	rporate limits, write RURÀL and give nearest town)	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	AMS ST. SESIDENCON A FARM	MS.
133	3. NAME OF DECEASED (Type or print) JOHN HOVER	D MITCHELL 4. DAT OF DEA	TH AUG. 20 195	- 1
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI WIDOWED DIVORCE	DO MAR. 5, 1917	42 yrs.	in.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS C during move of working life, even if retired) PLANT SUPERINTENDANT RACE TE	ACT WILLAR	n country) 12. CITIZEN OF WHAT COUNTRY D SMO USA	NTRY
	JOHN H. MITCHELL	MINNIE E	- LACURTS	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or pushown) (If yes, give wor or dotes of service) 212-14-42	25 MRS J. H. MI-	TCHELL BERLINN	10
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	norwy Threm	Course Bannet	TH
	Conditions, if ony, which (b) Cerons	y arte Der	eais mo	
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)	0		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE		PERFORMED YES NO)3
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Port I or		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Nat while at work at work	factory, street, office bldg., etc.)		itate)
	21. I certify that I attended the deceased from flux alive on 20, 19-59, and that	death occurred at 11/3 CM, for	ram the causes and on the date stated at (Street, city or town, state) DATE ST	bav
	SIGNATURE Heatmenlederline	M.O. Benley	22 Sul	
1	PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME OF CEM		CATON	
	REMOVAL (Specify) SUR IN B 23 59 EV = 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	Largen 6	GATION (City, town, or county) GRUIN AND DESIGNABLE SIGNATURE	,
1	Anna A. Quibage Bull	n mel DATE DATE		

O FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely filled in by the funeral-director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after d crematian, ar remayal, and in any event within 72 hours after-death may be retained by : TO HOSPITAL OR ATTR the registrar priar ta b 简

VS A15 (4) 15M 9/55

THE RESERVE OF STREET PROPERTY AND ADDRESS OF THE PARTY O

FOR STATE HEALTH DEPT

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 15 9742 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	1		2. USUAL RESIDE	NCE (Where deceesed lived, If institution	on: Rasidance bafore edmission)
e. COUNTY	rcester	MARYLAND	a. STATE	b. COUNTY	-
b. CITY OR TOWN	if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	ict Of Columbia (If outside corporete limits, write RURA)	L end give neerast town)
Ocean Cit	giva naarest town)		00 *** 3'*		47x
	TAL OR INSTITUTION (if not in h	ospitet, give street address)	d. STREET ADDRESS	ngton	a. IS RESIDENCE
	*		7 - 2 - 7		ON A FARM?
3. NAME OF	First	Middla	1616 Rh	ode Island Ave.	, N. WYES NO X
DECEASED (Type or print)	Joseph		363 33	OF DEATH 8	
5. SEX		J.	Mundell DATE OF BIRTH	19. AGE (In yeers IF UND	30 1959 DER 1 YEAR IF UNDER 24 HRS.
	6. COLOR OR RACE 7. MARS		. DATE OF BIRTH	last birthdey) Month	Comment of the commen
Male	White WIDOV	VED DIVORCED KIND OF BUSINESS OR INDUSTR	Dec. 22,	1879 1 /9 yrs.	CITIZEN OF WHAT COUNTRY?
	rking life, even if retirad)				
Physici	an M	edical Doctor	r Washingt		U.S.A.
Benjamin	Mundell		Mary Eli	zabeth Rose	
15. WAS DECEASED EV		S. SOCIAL SECURITY NO. 17.			16 Rhode Isl
Yes	WWT - WWTT	Unknown M:	ra Anne S	wart Mundell, Av	
	EATH [Enter only one cause pe	r lina for (a), (b), and (c).]	b. Aime D	war o manacri, niv	INTERVAL BETWEEN
	H WAS CAUSED BY:	teriosclerotic	namelá ana a an	2 14	ONSET AND DEATH
1120		PELTOSCIELOFIC	carolovascu	Lar disease	
C 100	DUE TO				
Conditions, if eny	eta causa				
(a), steting the u	ndarlying DUE TO				
causa last.) (c)	NATERIALITANCE TO DEATH BUILDING	NA DEL ATEN TO THE YEAR	INAL DISTACT COMPLETION CONTAINS	
PART II. OTHER	SIGNIFICANT CONDITIONS CO	DNIKIBUTING TO DEATH BUT NO	OI KELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN F	PERFORMED?
5					YES X NO
PART II. OTHER 2Ds. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.		CRIBE HOW INJURY OCCURED. (Enter neture of injury in Pe	ert I or Pert II of item 18.)	
20c. TIME OF INJU Hour a.m. p.m.	Wh		CE OF INJURY (Homa, far ory, street, office bldg., et		County) (State)
21. I certify th	nat I took charge of the re	mains described above, he	Id an Autopsy X.	Inspection , Inquiry	, and in my opinion
death resulted t	rom: Natural causes	Accident . Suic	ide , Homicide	Undetermined manner	
100 100 10	0./		CHIEF MEDICAL	EXAMINER X	
ACTUAL SIGNATURE	OV Fishe			DICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Typa)	FISHER			AL EXAMINER	8/31/59
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town, or cou	ntry) (Stete)
REMOVAL (Specify)	9-2-59	Mt. Olivet	Cemetery	Washington,	D. C.
B. FUNERAL DIRECTO	Bu Cada Janes 1	ADDRESS 1756	Penn . Ave. RE	C'D BY REGISTRAR 246. REGISTRAR	'S SIGNATURE
JOSEPH G		INC. Wash.			8. Krans
0 0 0 1 1 1 0 1	,		, TUAITO	C.A. WA	a. / yana

TO DEPUTY MEDI CALLAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.

TO FUNERAL DIRE. R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the permit of the pages 1 and 2 with the State Board of the permit of the pages 1 and 2 with the State Board of the permit of the pages 1 and 2 with the State Board of the permit of the pages 1 and 2 with the State Board of the permit of the pages 1 and 2 with the State Board of the permit of the pages 1 and 2 with the State Board of the permit of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the permit of the pages 1 and 2 with the State Board of the permit of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the pages 1 and 2 with the State Board of the Pages 1 and 2 with the State Board of VS. A15ME 5M 7/59

District Of Columnia ass THO THE STATE OF THE STATE OF W.M. av. bunlat about alate TOBBOG. Tiebnot ANAL CS . ned .A.8.51 . O.d . no Janiales To Joel Instant Bonjamin Mundell Mary Elizabeth Rose You .. Many .. eva. I sound the Count then a line . Till . . Till . . Till .. Bu let C-2-50 Mt. Olivet Conetery Magington TO SHE COMPLEY STORE, INC. Wash., D. C. ARP STORE COLLECTION

Z, that I last saw the deceased

DATE SIGNED

(State)

d. NAME OF HOSPITAL (If nat in hospital, give street address)
OR INSTITUTION

6. COLOR OR RACE

10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR during most of working life, even if retired)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)

21. I certify that I attended the deceased fram Clug.

22b. DATE THEREOF

First

WIDOWED |

b. CITY OR TOWN (If autside corporate limits, write

GRUI

RURAL and give nearest town)

1. PLACE OF DEATH

NAME OF DECEASED

5. SEX

(Type or print)

13. FATHER'S NAME

alive on

ACTUAL

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

9743

CERTIF

MARYLA

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DIVORCED

c. LENGTH OF STAY IN

CA	TE OF DEATH	1		Reg. Dist.		110
ND	2. USUAL RESIDENCE (WHO O. STATE		lived. If institution b. COUNTY	Acc o	before admiss	sion)
16	CHINC			JRAL and give	nearest town	3
	d. STREET ADDRESS					FARM?
3	PITTS	4. DATE OF DEATH	A U	6. 6	10.	Yeor 1959
ם י ב	DEC. 6, 19	05	AGE (In years last birthday) yrs.	Months Da	-	Min.
NDUS 22	TRY 11. BIRTHPLACE (State		1 /	12. CITIZE	N OF WHAT	COUNTRY?
	LEAH		TER			- 42
17. IN	STANLE	v P.	TTS G	BERLI	$\alpha \wedge$	1/0
		1			INTERVAL BE	TWEEN

and that death accurred at 1:00 ft. M, from the causes and an the date stated abave.

ADDRESS (Street, city or town, stote)

DATE SIGNED

24g. REC'D BY REGISTRAR

DATE AUG 3 1 '59

22d. LOCATION (City, tawn, or county)

24b. REGISTRAR'S SIGNATURE

arthur & Krane

		YUS MORLD	M S		178. S	TANLEY	YITTS.	DER LIN	IVID
		18/ CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED IMMEDIATE CAU	D BY:	(1)	nary	occh	esine		ERVAL BETWEEN SET AND DEATH
		Conditions, if any, which gave rise to immediate	(b)	arte	in sal	erosie			
	-	cause (o), stating the <u>under-</u> lying cause last.	(c)_	diss	etes		tue		
0	ICATION	PART II. OTHER SIGNIFICANT	T CONDI.	TIONS <u>CONTRIBUTING</u> TO DE	ATH BUT NOT REL	ATED TO THE TERMINA	L DISEASE CONDITION	GIVEN IN PART 1(0)	PERFORMED? YES NO
	CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMI	EATH	b. DESCRIBE HOW INJURY C	CCURRED. (Enter	nature of injury in Pari	l or Part II of item 18.		
	MEDICA	20c, TIME OF INJURY Month, Day Hour o.m. p. m.	y, Year 19	20d. INJURY OCCURRED While Not while of work of work	foctory, stre	NJURY (Hame, farm, et, office bldg., etc.)	20f. (City or town)	(Caunty)	(State)

22c. NAME OF CEMETERY OF CREMATORY

ADDRESS

in by the funeral and 2 shauld be the attending physician and campletely filled popers. death remove carbon event within 72 hours page 3 should be detached for use as the burial-transit After this certificate TO FUNERAL DIRECTOR: the registrar prior ta

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after de

VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9746

CERTIFICATE OF DEATH

09719

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Worcester		MARYLAND	o. STATE	NCE (Where decease	d lived. If instituti b. COUNTY				on)
RURAL ond give	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo	prote limits, write R		ive neor		
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, o	give street	LAII his life oddress)	d. STREET ADD	elin oress oute #3			e	ON A I	FARM?
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE OF	Mon	ith	Day		ear
(Type or print) S. SEX	6. COLOR OR RACE	7. MARR		8. DATE OF BIRTH	DEATH	9. AGE (In years last birthday)	IF UNDER		IF UNDER	
M	N	WIDOW		5/30/188		79 yrs.		Days	Hours	Min.
during most of wo Carpen 13. FATHER'S NAME	rking life, even if refired)	KIND OF BUSINESS OR INDUS Building	Maryl	Land	ountry)	12. CITI		SA	COUNTRY
	c			14. MOTHER'S M.						
Charles 15. WAS DECEASED EV	Spence ER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 117. III	GaI NFORMANT	coline X	XXXXXXXXX				
IYes, no, or unknown) No	(If yes, give war ar dates of s	ervice)		ise Gunby	, Berlin	Unit of the	II an			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		Coronary	Thron	bosis				T AND E	
Conditions, if		+	typertensi	ve C	ardiova.	scular	Diseas	2	Seve	eral
gave rise to cause (o), stoting lying cause lost.	the under- DUE TO						4		J	
PART II. OT	HER SIGNIFICANT CON	be be	ONTRIBUTING TO DEATH BUT TES MELL	NOT RELATED TO TH	TETERMINAL DISEAS	E CONDITION GIV	'EN IN PART		PERFOR	MED?
OR CONTRIBUTING	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)									
20c. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Yes	20d. In While of work	Nat while fac	ACE OF INJURY (Hortory, street, office bl	me, form, 20f. (City Idg., etc.)	or town)	(Co	ounty)		(State)
21. I certify to	21. I certify that I attended the deceased fram December, 1953, to 8-15, 1957, that I last saw the deceased alive on 8-15, 1954, and that death occurred at 230AM, fram the causes and an the date stated above									
ACTUAL SIGNATURE	trong (1-8	Treely for	w.o. (Berlin	treet, city or town,	state)	4	Sa DAT	9-3
PHYSICIAN'S NAME (Type) D	r. Ivory U.	Sulj	y. Berlin	, Md						
Burial (Specify		F	New Bethel Ce			n, Maryl			(Stote)	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	24	la. REC'D BY REGIST		STRAR'S SIGI	NATURE		
J. P. Stew	art Fun H	ome	Salichumy Md		ATE 8110 0 7 11	-0				

After this certificate has been signed by the attending physician and campletely filled in by the funeral director, ed for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with cremation, or removal, and in any event within 72 hours ofter death. G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after page 3 should be detached for use as the burial-transit permit. iital or attending physician. moy be retained by the TO FUNERAL DIRECTOR: the registrar priar to by VS A1S (4) 1SM 10/S7

TO HOSPITAL OR ATTEN

C3005 2		

1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

ON A FARM?

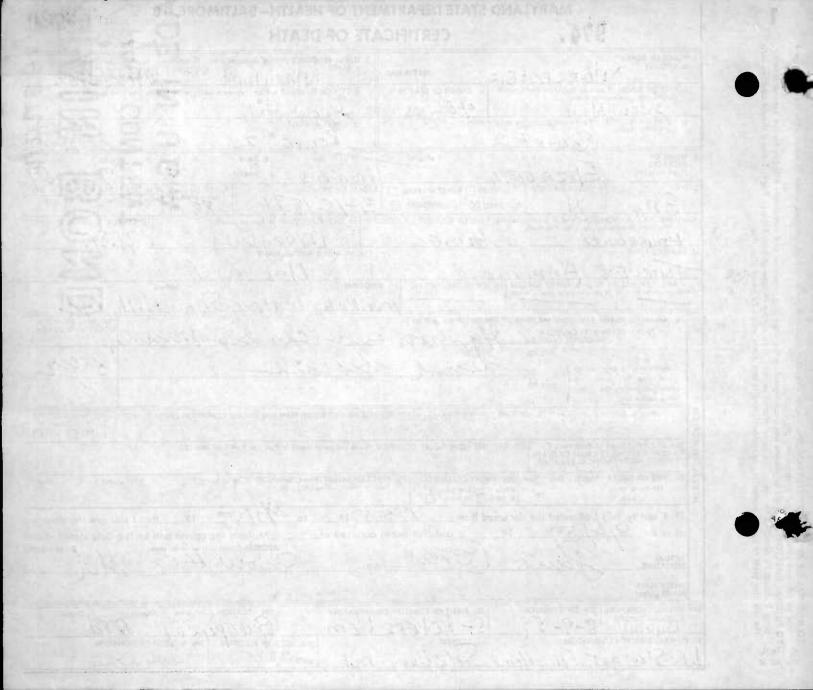
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19

Reg. Dist. No.

Months



9748

09721

Reg. Dist. No.

/ 5						
	PLACE OF DEATH O. COUNTY WORCESTER MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before STATE b. COUNTY A R	ore admission)			
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO D			
	NAME OF DECEASED (Type or print) LAURA ALICE	RUITT DEATH AUGUST S	oy Yeor 1959			
1	F WIDOWED DIVORCED	APRIL 1, 1871 88 yrs. Manths Days	R IF UNDER 24 HRS. Haurs Min.			
1	Oo. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if refired) HOUSE WIFE DWN HOME	Maryland U	S A			
	CORNELIUS WIDEGON	HETTIE Phillips				
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown) (If yes, give wor or glotes of service) (I yes, give wor or glotes of service)	ES. ADA BURROUGHS PIT	TSVILLEM			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Out Hear		TERVAL BETWEEN 3			
	Conditions, if ony, which gave rise to immediate cause (o), stoting the under.	yveardetis	's weeks			
)	Iying cause last. (c) (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO			
- 1		D. (Enter noture af injury in Part 1 or Part II of item 18.)				
		ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) tory, street, office bldg., etc.)	(Stole)			
	21. I certify that I oftended the deceased from fresh 4, 1957, to Cong 3-, 1959, that I last saw the deceased alive on long 19-, 1959 and on the dote stoted above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE M.D. DESCRIPTION Cong 6-1959					
1	PHYSICIAN'S NAME (Type)					
	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL AUGUST 7,1959 PITTS U	CREMATORY 22d. LOCATION (City, town, or county)	MARY AWO			
	3. FUNERAL DIRECTOR'S SIGNATURE Burbay Berlin	DATE AUG 1 0 '59 Chilms S. Kin				

may be retained by the Spital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funer, mectar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. DING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after dea TO HOSPITAL OR ATTEN VS A15 (4) 15M 9/5S

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m e s	2 5	
Dis	1	
5	5 2	
TO DEPUTY MEDICAL MINER: This certificate should be executed within 24 haurs ofter death. If any delay is necessary cute the certificate, which was a second of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 1, 2, and 3 to the funeral director. Page 2, or ownered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL I	
VS. A15/	ME(5)	

5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTI	IMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF D	PEATH Reg. Dist. No.
	Reg. Dist. 140.

	1. PLACE OF DEATH a. COUNTY,	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
	WORCESTER MARYLAND	a. STATE PRIMISY WITH NIZE. COUNTY						
П	CITY OR TOWN If outside corporate limits, write RURAL \ C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest tawn)						
	DURAL GOOD COM Coly I day	Philadelphia 75x3						
,	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS IS RESIDENCE						
	None	152 N 57 ST VES NO 15						
	3. NAME OF PIECE ASED Middle	Last 4. DATE Month Day Year						
	(Type or print) / [ARY COUNART	ON DEATH 109 30 1959						
5. SEX O. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 22 1927 9. AGE III years (all biripday) WIDOWED DIVORCED DIVORC								
							10a. USUAL OCCUPATION (Give kind of work done 10b_KIND OF BUSINESS OR INDUSTR dyring most of working life, even if retired)	
7	CLEKK-WIGHNOTTER EMPLOYMENT	KINGHOJEEN COUNT, VA. USH.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
1	andrew 40 mars	Teongeous Moarie						
	(Yes, no. og unknown) (If yes, give war or dates of service)	FORMANT Address						
	No	es yeorgeours Pallord Phila, I a.						
	18. CAUSE OF DEATH [Enter only one couse per line for (4), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH						
	IMMEDIATE CAUSE (a)	PART I, DEATH WAS CAUSED BY:						
6	921.8 DUE TO	921.8 DUE TO						
h	Canditions, if any, which) (b)							
1	gave rise to immediate cause (a), stating the underlying DUE TO							
	cause last. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?						
	<u> </u>	YES NO D						
	THINGS TO CONTRIBUTION	ter nature of injury in Part I or Part II of item 18.)						
		ucle Swimming in Ocean						
2	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)							
)	E L 20 p. m. 19 at work at work	rean Rural Crean Edy Md.						
	21. I certify that I took charge af the remains described above, held an Autopsy . Inspection Inquiry . Inquiry . and find that							
	death resulted from: Natural causes , Accident Suici	ide [], Homicide [], Undetermined cause [].						
	ACTUAL DEWILLIAM ()	DATE SIGNED						
	SIGNATURE	M.D. CHIEF MEDICAL EXAMINER ATTIS 31 54						
	EXAMINER'S TTTOWNSEND TO	ASSISTANT MEDICAL EXAMINER						
	NAME (Type)	DEPUTY MEDICAL EXAMINER						
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR-	REMATORY 22d, LOCATION (City, Jawn, or county) (State)						
	Durial 15/89 Calin	Mulidelphia ta.						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
	manual (1, 1 - vol.)	DATE SEP 2'59 Circles & Kines						

